BEST AVAILABLE ..

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

		CLAIREC A	0 FU F0	FF 'A 100 000					· · · · · · · · · · · · · · · · · · ·			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			· ·					RATE	T FEE	7 7	RATE	·
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE		OR	BASIC FEE	FEE \$750
TO	OTAL CHARGE	ABLE CLAIMS	m	minus 20=		*		X\$ 9=	+ ***	1	<u> </u>	Ψ100
IN	DEPENDENT C	CLAIMS	n	ninus 3 =	*				 	OR		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					X42=		OR	X84=	
*	f the difference	e in column 1 is	less than zero, enter "0" in column 2				+140=		OR	+280=		
	CLAIMS AS AMENDED - PART II							TOTAL		OR	TOTAL	
		(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA	\$ 1	REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	* ENTATION OF MI	Minus	***	<u>CL A114</u>	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140=		OR	+280=			
			a f				Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	***	(Column 1) CLAIMS		(Colum		(Column 3)				• '		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AM	Independent FIRST PRESE	* NTATION OF MU	Minus	***	CLAINA	= -		X42=		OR	X84=	
			JETH CE DE,	LIVOLIVI	CCAIM			+140=		OR	+280=	
						,	Al	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
	Programme Carrier Co.	(Column 1)	Brown of the constraint	(Colum		(Column 3)						
AMENDMENT C	A Confidence of	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIQL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=) ' '
¥	Independent FIRST PRESE	* NTATION OF MU	Minus	***		=	T	X42=		OR	X84=	
	· · · · · · · · · · · ·	TATION OF WIL	CHIPCE DEF	CINDEN!	LAIM		F	110				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ** TOTAL ** TOTAL												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

541170

			SMALL E	YTITM		OTHER	THAN				
		 -	olumn 1)		(Column 2)				OR	SMALL	ENTITY
FC	PR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
ВА	SIC FEE							345.00	OR		690.00
то	TAL CLAIMS	164	4 minus 20= * 44				X\$ 9=		OR	X\$18=	2592.
INDEPENDENT CLAIMS 4 minus 3 = * 11							X39=		OR	X78=	858.00
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	440. ^{co}
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALLE	NTITY	OR	OTHER SMALL	ll ll
AMENDMENT A	Section (Control of Control of Co	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	./64	Minus	/ 6 4	= 0		X\$ 9=		OR	X\$18=	
AMER	Independent	· 15	Minus	ENDENT CLAIM	=/-		X39=		OR	X78=	78
	FIRST PRESE	NTATION OF MIC	DETIPLE DEP	ENDENT CLAIM			+130=		OR	+260=	
						Į.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)								و	ADDIT: 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=		X39=		OR	X78=	
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								On		
							+130=		OR	<u></u>	
			•			. ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=		X39=		1	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		-
					0		+130=		OR	+260=	<u></u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											